tion in a phased manner covering the entire country by 1996-97. The programme has contributed significantly to the reduction of infant mortality rate, child mortality rate and vaccine preventable diseases, according to the data available.

As per field observations, the shortcomings noticed in the programme are as follows:

(i) Sufficient focus on IEC activities to educate the public about the gravity of the problem has been deficient with a consequent low demand for service, and

(ii) training of health workers and Medical Officers has been integrated with general training under the CSSM programme, as a result of which the field functionaries do not have enough hands on experience and confidence to manage ARI cases independently. Lack of adequate facilities in the referral centres has been identified as another hindrance in standard case management of ARI.

Apart from orientation training for health functionaries and supply logistics, other strategies needed to address the situation are operationalisation of First referral units, operational research for identifying the area specific ARI load in peak seasons and drug reistance pattern if any, strengthening of IEC activities and the monitoring system of ARI management.

Modifying the long term demographic goal as laid in the National Health Policy

409. SHRI SURINDER KUMAR SINGLA:
DR. SHRIKANT RAMCHANDRA JICHKAR:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government intend to modify the long term demographic goal as laid down in the National Health Policy 1983 in view of the data of the 1991 census;

(b) if so, the strategy of Government in this regard;

(c) if not, what is the reason for not shifting to other strategies when comparable countries in the developing world are changing their strategy and targets; and

(d) what new measures Government are taking to control the population?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI SALEEM IQBAL SHERVANI): (a) to (d) The National Health Policy, 1983 had envisaged achievement of the Net Reproduction Rate NRR of Unity by the year 2000 A.D. In the Eight Five Year Plan document (1992—97), it has been envisaged that attainment of NRR-1 will be possible only during the period 2011—2016 A.D. In order to expedite the fall in rate of growth of population, the National Family Welfare Programme has adopted the "Target Free Approach" from the Year 1996-97. The Target Free Approach emphasises client satisfaction and quality of services. It is expected that the decentralised participatory planning adopted under the Target Free Approach will lead to better performance both in family planning and in other aspects of reproductive and child health care.

Review of New Economic Policy

410. PROF. RAM KAPSE: Will the Minister of FINANCE be pleased to state:

(a) whether Government have made a review of the New Economic Policy with particular reference to the effects of the policy on the Indian Industry; and

(b) if so, what are the findings thereof?

THE MINISTER OF FINANCE (SHRI P. CHIDAMBARAM): (a) and (b) The Government has already announced a Common minimum Program-